

Exhibit “A”

Exhibit “A”

REDACTED

Application for Term Life Insurance - Single Life**John Hancock Life Insurance Company (U.S.A.)**

(hereinafter referred to as The Company)

Life New Business
197 Clarendon Street
Boston, MA 02117

Policy No. (for Internal Use Only)

• Print and use black ink. Any changes must be initialed by the Proposed Life Insured and Owner.

Proposed Life Insured

1. a) Name First Middle Last
Alfred J.R. Villalobos

b) Date of Birth month day year
[REDACTED]

c) Sex ☒ M ☐ F d) Place of Birth California, USA e) Citizenship ☒ U.S. ☐ Other

f) Social Security/Tax ID Number [REDACTED] g) Driver's License No. [REDACTED] State NV

h) Primary Residence Address - Street No. & Name, Apt No., City, State, Zip code
21224 Nashville Street, Chatsworth, CA 91311 Years at this Address

i) If you live at your primary residence less than 6 months per year, provide the address for your secondary residence.
Secondary Residence Address - Street No. & Name, Apt No., City, State, Zip code Years at this Address

j) Tel Home (818) 885-1480 k) Employment Information Occupation Business Owner/Consultant
Business (775) 691-0593 Ext. No. Name of Employer Arvco Capital Research

Owner - Complete information only if Owner is other than Proposed Life Insured.

If Trust Owner, complete questions 2 a), c) and d) and Trust Certification PS5101.

2. a) Name Arvco Capital Research b) Relationship to Proposed Life Insured Business

c) Address - Street No. & Name, Apt No., City, State, Zip code P.O. Box 3720, Stateline NV 89449 d) Social Security/Tax ID Number

Premium Notices and Correspondence

3. a) Send Premium Notices to: (Select one)
☒ Owner ☐ Proposed Life Insured
☐ Other: Name Street No. & Name, Apt No., City, State, Zip code

b) Send Policy Correspondence to: (Select one)
☒ Owner ☐ Proposed Life Insured ☐ Same as 3. a) above
☐ Other: Name Street No. & Name, Apt No., City, State, Zip code

Beneficiary Information - Subject to change by Owner - List additional beneficiaries in Special Requests, page 3, question 18.

4. First Middle Last
Arvco Capital Research ☒ Primary Relationship to Proposed Life Insured Business Percentage 100.00 %
☐ Secondary

First Middle Last ☐ Primary Relationship to Proposed Life Insured Percentage %
☐ Secondary

Policy Details

5. a) Amount applied for \$9,000,000.00

b) John Hancock Term Level Premium ☒ Term 10 ☐ Term 15 ☐ Term 20 ☐ Term 30 ☐ Other -

c) Additional Benefits ☐ Accelerated Death Benefit ☐ Total Disability Waiver ☐ Conversion Extension Rider (Term 15, Term 20 and Term 30 only)

d) Premium Frequency ☒ Annual ☐ Semi-Annual ☐ Quarterly ☐ List Billed ☐ Pre-Authorized Payment Plan - Complete
"Request for Pre-Authorized Payment Plan" - page 3

Existing and Pending Insurance - Proposed Life Insured

6. a) Total insurance in force on the Proposed Life Insured, including any policy that has been sold, assigned or settled to or with a settlement or viatical company or any other person or entity. \$ 6,597,789.00
- b) Including this application, total insurance currently applied for with all companies via **Formal Applications** \$ 18,000,000.00
- c) Of the above applied for amount in 6 b), what is the maximum amount that you will accept? \$ 9,000,000.00
- d) Have you ever had an application for life or health insurance declined, postponed, rated substandard or offered with a reduced face amount?
☐ No ☐ Yes - give details
- e) Provide information for each policy in force on the Proposed Life Insured, including any policy that has been sold, assigned or settled to or with a settlement or viatical company or any other person or entity. (Attach additional page if necessary.)

Company	Insurance			Issue Date day month year	To Remain in Force?		Face Amount
	Group	Personal	Business		Yes	No	
Pacific Life	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12-28-2006	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 4,400,000.00
Pacific Life	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	07-09-2007	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 1,197,789.00
John Hancock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 1,000,000.00
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	\$

Existing Insurance - Owner(s) Replacement(s)

7. Will this insurance replace existing policies or are you considering using funds from existing policies to pay premiums due on the new policy or contract?
☐ Yes ☒ No If **Yes**, please complete the IMPORTANT NOTICE: Replacement of Life Insurance or Annuities (Standard Form), NB5017.

Financial Questions - Please submit copies of financial statements, estate analysis, contractual agreements, etc.

8. a) What is the purpose of this insurance? (e.g. income replacement, buy-sell, keyperson) Financial Planning

b) Gross annual earned income (salary, commissions, bonuses, etc.) \$ 10,000,000.00

c) Gross annual unearned income (dividends, interest, net real estate income, etc.) \$

d) Household net worth \$ 35,000,000.00

e) In the last 5 years, has the Proposed Life Insured or any business of which he/she is a partner/owner/executive had any major financial problems (bankruptcy, etc.)? ☒ No ☐ Yes - give details

9. a) What is the source of the funding for the policy(ies) currently applied for? Advice of Financial Counsel

b) If the premiums are to be funded through a loan, please provide details of the financing arrangement.

☐ N/A ☐ Details of the arrangement

Business Insurance - Complete for ALL Business Insurance

	Current Year	Previous Year	f) How was the amount applied for determined?
10. a) Assets \$	\$		
b) Liabilities \$	\$		
c) Gross Sales \$	\$		g) What percentage of the business is owned by Proposed Life Insured? %
d) Net Income after taxes \$	\$		h) Are other partners/owners/executives insured or applying for life insurance with any company? <input type="checkbox"/> Yes <input type="checkbox"/> No
e) Fair Market Value of the business \$	\$		Give details

Lifestyle Questions - Please provide details in No 15 for "Yes" answers.

11. Do you expect to travel outside the U.S. or Canada, or change your country of residence in the next 2 years? ☒ Yes ☐ No
12. a) Have you flown as a student pilot, licensed pilot, or crew member in any aircraft, including ultralight planes, in the last 2 years? If **Yes**, please complete Aviation Questionnaire NB5009. ☐ Yes ☒ No
- b) Have you engaged in any form of motor vehicle or power boat racing, sky diving/parachuting, skin or scuba diving, hang-gliding, mountain climbing, or any other hazardous activities in the last 2 years? If **Yes**, please complete Aviation Questionnaire NB5010. ☐ Yes ☒ No
13. a) Have you committed 2 or more moving violations within the last 2 years? ☐ Yes ☒ No
- b) Have you been convicted of driving while intoxicated or while otherwise impaired? ☐ Yes ☒ No
14. In the last 10 years, have you been convicted of a felony offense? ☐ Yes ☒ No

15. Question No.**Details for any "Yes" answers to Lifestyle Questions**

11

Will travel to Europe and Japan on business. Plans four one-week trips to Europe and two one-week trips to Tokyo.

Additional Questions

16. Has a John Hancock Medical Exam NB5033 been completed or will it be completed? ☐ Yes ☒ No **If No**, complete Health Questionnaire NB5002 and question 17 below.
17. Have you ever used tobacco or nicotine products in any form (including cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches or gum)?
☒ No ☐ Yes - give details below

Product	Frequency	Current	Past	Date Last Used		
				month	day	year
Cigarettes	_____ pack(s) / day	<input type="checkbox"/>	<input type="checkbox"/>			
Cigars	_____ x / day	<input type="checkbox"/>	<input type="checkbox"/>			
Other: _____	_____ x / day	<input type="checkbox"/>	<input type="checkbox"/>			

Special Requests

18.

Temporary Life Insurance Agreement Application

19. Is coverage being applied for under the Temporary Life Insurance Agreement? ☐ Yes ☒ No
 If **Yes**, answer questions 20 and 21.

Money may **NOT** be collected and the Temporary Life Insurance Agreement and Receipt NB5004 may **NOT** be issued if:

1. questions 20 and/or 21 are answered **Yes** or left blank; or
2. the Proposed Life Insured is under age 20 or over age 70; or
3. the amount applied for is more than \$10,000,000.

Has the Proposed Life Insured:

20. a) consulted a medical professional, been diagnosed with or been treated for or had treatment recommended by a member of the medical profession for any heart problem, stroke or cancer within the last 24 months? ☐ Yes ☐ No
- b) had any symptoms or medical concerns for which a doctor has not been consulted, or any consultation, testing or investigation recommended by a doctor which has not yet been completed? ☐ Yes ☐ No
- c) been declined for life insurance within the past two years? ☐ Yes ☐ No
21. Does the Proposed Life Insured reside outside the United States more than 6 months per year? ☐ Yes ☐ No

Request for Pre-Authorized Payment Plan

A voided sample check showing banking particulars must accompany this application.

Policy Number(s)	Name(s) of Person(s) Insured	First Bank Withdrawal Effective			Type of Payment and Amount	
		month	day	year	Premium	Loan

By completing this section, I hereby authorize and request The Company to draw checks (which may include withdrawals made electronically) monthly on my account to pay premiums, and/or repay loans on the policies listed above or any policies subsequently designated.

I understand and agree that:

1. Such checks (which may include withdrawals made electronically) shall be drawn in the month to pay premiums falling due in such month on the designated policies.
2. While the Pre-Authorized Payment Plan is in effect, The Company will not give notices of premiums falling due on such policies.
3. The Pre-Authorized Payment Plan may be terminated by the bank depositor or by written notice to The Company by the Owner. If the Pre-Authorized Payment Plan is terminated, premiums falling due thereafter shall be payable directly to The Company as provided in the policy.
4. The first premium paid must be submitted by check.

Declarations and Authorizations**DECLARATIONS**

The Proposed Life Insured and Owner(s) declare that the statements and answers in this application and any form that is made part of this application are complete and true.

In addition, I/we understand and agree that:

1. The statements and answers in this application, which include any supplemental form relating to the health, aviation or lifestyle of the Proposed Life Insured, will become part of the insurance policy issued as a result of this application.
2. a) Any life insurance policy issued as a result of this application will be effective on the later of the date the first premium has been paid in full and the date the policy has been delivered, provided that there has been no deterioration in the insurability of the Proposed Life Insured since the date of the application. If there has been a deterioration in insurability: i) if there is no Temporary Life Insurance Agreement (TIA) coverage in effect at the time the policy is issued, the policy will not be put into effect; and ii) if there is TIA coverage and the TIA is in effect, the policy will be put into effect but only to the limit of the TIA coverage amount.
2. b) If premiums are paid prior to delivery of the policy and the terms and conditions of the TIA are satisfied, insurance prior to the effective date shall be provided only under the TIA and according to its terms.
3. Any person who knowingly and with intent to defraud any insurer: a) files an application for insurance or statement of claim containing any materially false information, or b) conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.
4. If the coverage under a Temporary Life Insurance Agreement is applied for, I/we have received, read and understand the terms and conditions of the Temporary Life Insurance Agreement and Receipt NB5004.

AUTHORIZATION TO OBTAIN INFORMATION

I, the Proposed Life Insured, authorize:

1. The John Hancock Life Insurance Company (U.S.A.) (The Company), to obtain an investigative consumer report on me.
2. Any medical professional, medical care provider, hospital, clinic, laboratory, insurance company, the Medical Information Bureau (MIB Inc.) to give The Company and its reinsurers information about me.

The information collected by The Company may relate to the symptoms, examination, diagnosis, treatment or prognosis of any physical or mental condition. In turn, The Company is free to disclose such information and any information developed during its evaluation of my application to: a) its reinsurers; b) the MIB Inc.; c) other insurance companies as designated by me; d) me; e) any physician designated by me.

I acknowledge receipt of the Notice of Disclosure of Information relating to the underwriting process, investigative consumer reports and the MIB Inc.

This authorization will be valid for two years from the date shown. A photocopy of this authorization will be as valid as the original. Information collected under this authorization will be used by The Company to evaluate my application for insurance, to evaluate a claim for benefits, or for reinsurance or other insurance purposes.

I am entitled, or my authorized representative is entitled, to a copy of this authorization.

Signatures - Please read all of the above Declarations and Authorizations before signing this form.

Signed at City, State

CHATS WORTH, CA

This

Day of

26th

JUNE

Year

2008

Signature of Agent (as Witness)

x

Signature of Proposed Life Insured

x

Signed at City, State

CHATS WORTH, CA

This

Day of

26th

JUNE

Year

2008

Signature of Agent (as Witness)

x

Signature of Owner, if other than a Proposed Life Insured
(Signing Officer please provide title or corporate seal)

x

Signature of Owner, if other than a Proposed Life Insured
(Signing Officer please provide title or corporate seal)

carriessa
General Counsel/Officer

x

Exhibit “B”

Exhibit “B”

Deposit Requisition (non New York): To Policy Income

Note: Photocopy of checks not accepted for Variable products.

Deposit date is the date check received at 200 Clarendon St, Boston MA. Identified by NB Time Date Stamp.

Sales Office Code: 20920

Requested By: jamessh

Date: 06/26/2008

Extension:

CM Name: Siu, Emily

FOR CMS ONLY - CHECK FOR STATUS OF T1A, F69G OR MED CERT BEFORE DEPOSITING \$\$\$\$

Policy Number(s)	Name of Insured	Income Amount
81556854	ALFRED JR VILLALOBOS	\$46,450.00
Total Check Amount:		\$46,450.00

Is the Payor of check the Insured or Owner?

☒ Yes ☒ No

If no, please check OFAC List.

Is this check replacing a photocopied check?

☒ Yes ☒ No

If yes, please send to Income Processing.

Is this a mid-month or month end close case?

☒ Yes ☒ No

If yes, RUSH Status applies.

Is this check replacing a returned check?

☒ Yes ☒ No

Is this a 1035 Exchange?

☒ Yes ☒ NoIf yes, ☒ Internal or ☒ External

If Internal:

Over 3 yrs. since issue? ☒ Yes ☒ No

Indicate original JH Legacy Policy Number:

If Internal Replacement, have you created the Replacement Template?**If not, please do so prior to delivering this form and check to NBCC.**

For Variable Checks ONLY	Deposit Date	ROP <input checked="" type="checkbox"/>	ROMV <input checked="" type="checkbox"/>	Initial
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Thursday, June 26, 2008

**ARVCO Capital Research, LLC**PO Box 3720
Stateline, NV 89449
(775) 588-9944COLONIAL BANK, NA
94-178/1224

2939

6/25/2008

RS/IMAGE OPS

PAY TO THE
ORDER OF

John Hancock Life Insurance Co.

2008 JUN 26 AM 10:30

\$ 46,450.00

Forty-Six Thousand Four Hundred Fifty and 00/100

DOLLARS

John Hancock Life Insurance Co.
Life New Business Department
27 Drydock Ave.
Boston, MA 02210-2377

MEMO

Policy# 81 556 854

"002939" 122401781 9854"

EXHIBIT "B"



ARVCO Capital Research, LLC
 P.O. Box 3720
 Stateline, NV 89449
 (775) 588-9944

COLONIAL BANK, NA
 178/1224

2939

6/25/2008

RS/IMAGE OPS

PAY TO THE
 ORDER OF

John Hancock Life Insurance Co.

2000 JUL 26 AM 10:30

\$**46,450.00

Forty-Six Thousand Four Hundred Fifty and 00/100

DOLLARS

John Hancock Life Insurance Co.
 Life New Business Department
 27 Drydock Ave.
 Boston, MA 02210-2377

MEMO

Policy# 81 556 854

[Signature]

⑈002939⑈ ⑆122601781⑆ 9854⑈

ORIGINAL
 RECEIVED
 RECORD SERVICES

JHAV0081



ARVCO Capital Research, LLC
 PO Box 3720
 Stateline, NV 89449
 (775) 588-9944

COLONIAL BANK, NA
 94-178/1224

2939

6/25/2008

PAY TO THE ORDER OF John Hancock Life Insurance Co.

\$ **46,450.00

Forty-Six Thousand Four Hundred Fifty and 00/100*****

DOLLARS

John Hancock Life Insurance Co.
 Life New Business Department
 27 Drydock Ave.
 Boston, MA 02210-2377

MEMO

Policy# 81 556 854

⑈002939⑈ ⑆122401781⑆ 9854⑈

ARVCO Capital Research, LLC

2939

John Hancock Life Insurance Co.

Policy# 81 556 854

6/25/2008

46,450.00

ARVCO Capital LLC P Policy# 81 556 854

46,450.00

Exhibit “C”

Exhibit “C”

STATEMENT PERIOD May 1, 2002 - May 31, 2002

No. 3752 P. 3/20

Page 2 of 2

Commercial Checking

ACCOUNT NUMBER 9854

STATEMENT PERIOD May 1, 2009 - May 31, 2009

Checks Paid (continued)

* Indicates check missing in sequence

CHECK	DATE	AMOUNT
3510	5/10	8,105.75
3518	5/12	39.00
3520	5/13	187.56
3522 *	5/17	10,851.07
3523	5/13	128.98
3524	5/10	60.06
3525	5/18	588.55
3526	5/19	872.00
3527	5/10	2,970.82
3528	5/14	418.10
3529	5/19	152.17
3530	5/13	425.96
3531	5/13	23.13
3532	5/13	21.21
3533	5/13	182.12
3534	5/13	60.25
3535	5/13	108.09
3536	5/8	600.00
3537	5/18	2,172.83

CHECK	DATE	AMOUNT
3538	5/20	121.57
3539	5/20	46,480.00
3540	5/18	63.00
3541	5/20	148.48
3542	5/20	10.00
3543	5/19	801.82
3544	5/26	140.20
3545	5/20	52.86
3546	5/19	100.20
3547	5/20	162.12
3548	5/20	70.24
3549	5/20	80.88
3550	5/20	32.78
3551	5/19	1,156.88
3552	5/21	53.87
3553	5/27	1,545.51
3554	5/28	160.00
3728 *	5/13	108.73

48507270751	48507341681
48507071911	48507341681
48507139951	48507341681
48507389351	48507329811
48507102191	48507343001
48507251481	48507282601
48507120501	48507422581
48507260701	48507323791
48507138411	48507282681
48507153781	48507328181
48507134021	48507323791
48507102201	48507323771
48507134811	48507323801
48507102151	48507281521
48507102171	48507281031
48507102211	48507488331
48507102161	48507428781
48507430101	48507108671
48507219101	

Other Debits

DATE	DESCRIPTION	AMOUNT
5/7	DEBIT MEMO	2,353.06
5/13	OUTGOING WIRE DEBIT PATTERSON BELKNAP WEBB & TYLER LLP 8040379854	50,000.00
5/28	DEBIT MEMO	31,000.00

4850733787
0844811783
4850724765

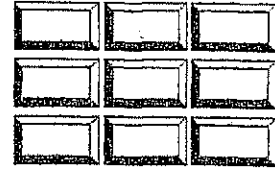
Daily Balance Summary

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
4/30	112,103.64	5/12	425,007.75	5/20	284,088.40
5/1	287,085.75	5/18	385,098.15	5/21	203,454.38
5/2	187,800.75	5/14	351,596.06	5/28	250,098.43
5/7	185,546.79	5/16	343,512.51	5/27	241,457.87
5/8	195,048.79	5/19	341,594.73	5/28	202,202.22

COLONIAL BANK
MEMBER FDIC

Exhibit “D”

Exhibit “D”



Roney & Company

J. Michael Roney

August 5, 2010

Alfred J. Villalobos
Arvco Capital Research
P.O. Box 1460
Zephyr Cove, NV. 89448

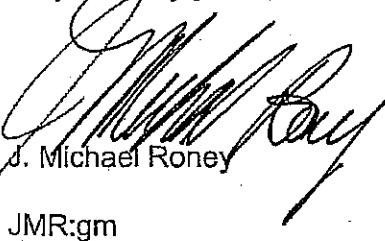
Re: John Hancock Insurance Premium

This letter is to certify that **J. Michael Roney Insurance Services Inc.** forwarded a quarterly payment, in the amount of **\$12,309.25** to **Alfred Villalobos** for his *John Hancock* premium; policy number **81556854**. The due date for this quarterly premium was June 26, 2010...

These monies were to cover a 90 day grace-period to assist Mr. Villalobos while certain personal legal entanglements could be resolved.

Please see attached documents that correspond with the above notice...

Very cordially yours,



J. Michael Roney

JMR:gm

Enclosures: "Demand Note" between J. Michael Roney and Alfred J. Villalobos
Copy of the Cashier's Check payable to John Hancock Insurance

87-14701-3812-001511

PLEASE DETACH BEFORE DEPOSITING

DATE	DESCRIPTION	G.I.A/C NO.	AMOUNT
JUNE 24, 2010		0015	\$12,309.25

"DEMAND NOTE"
BETWEEN J. MICHAEL RONEY AND ALFRED J. VILLALOBOS
WITH COLLATERAL ASSIGNMENT OF POLICY

Initial Amount of Loan: \$12,309.25

For value received on this 23rd day of June, 2010, the undersigned Alfred J. Villalobos, hereinafter known as the "Borrower", residing at 1000 Holly Lane, Lake Village, Zephyr Cove in the state of Nevada promises to pay to the order of J. Michael Roney, hereinafter known as the "Lender", residing at Pasadena, in the state of California at Lender's domicile (or at such other place as the Lender may designate in writing) the sum of \$12,309.25 with interest payable at a blended annual interest rate of 6%, together with any additional amounts borrowed from Lender from time to time as shown on Schedule A attached hereto, also with interest payable at a blended annual interest rate of 6%.

The unpaid principal shall be payable at any time on demand of the Lender.

Any payment made by the borrower on this Note shall be applied to payment of outstanding principal.

The Borrower shall pledge property to secure the debt owed under this Note. Borrower hereby assigns to Lender as collateral a security interest in the property listed in attached Schedule B in an amount sufficient to pay the outstanding principal at anytime payment is demanded by the Lender. The Lender is not required to rely on the above pledge of security for the payment of this Note in the case of default, but may proceed directly against the Borrower.

The Borrower reserves the right to prepay this Note (in whole or in part) prior to the due date with no prepayment penalty.

If any payment obligation under this Note is not paid when demanded by the Lender, the Borrower shall be in default on the loan. In the case of default, Borrower promises to pay interest at the applicable federal short-term rate from the date of default until full payment is made and shall pay all costs of collection, including reasonable attorney fees, whether or not a lawsuit is commenced as part of the collection process. Borrower waives presentment for payment, protest, and notice of protest and nonpayment of this Note.

If any of the following events of default occur, this Note shall become due immediately, without demand or notice:

1. The failure of the Borrower to pay the principal upon demand by the Lender;
2. The death of the Borrower or Lender (unless the Note is extended by the Lender or the Lender's estate or successor);
3. The misrepresentation by the Borrower to the Lender for the purpose of obtaining the loan or loans evidenced by this Note.

Additionally, the Borrower shall be in default on this Note if, without the written consent of the Lender, there is a sale, transfer, assignment, or any other disposition of assets pledged as security for the payment of this Note, or if there is a default in any security agreement which may secure this Note.

If, for any reason, any one or more of the provisions of this Note are determined by law to be unenforceable, the remaining provisions shall remain fully operative and enforceable. All payments due on this Note shall be paid in the legal currency of the United States. This Note shall be governed by the laws of the State of California.

No renewal or extension of this Note, delay in enforcing any right of the Lender under this Note, or assignment by Lender of this Note shall affect the liability of the Borrower or any obligation of the Borrower or right of the Lender under this Note. All rights of the Lender under this Note are cumulative and may be exercised concurrently or consecutively at the Lender's option.

Signed this _____ day of _____, _____, at Zephyr Cove, Nevada.

Borrower:

By: _____

Alfred J. Villalobos

Lender:

By: _____

J. Michael Roney

SCHEDULE A

<u>BORROWER</u>	<u>LENDER</u>	<u>LOAN DATE</u>	<u>LOAN AMT.</u>	<u>CUMULATIVE LOAN</u>
<u>A.Villalobos</u>	<u>M. Roney</u>	<u>6/23/2010</u>	<u>\$12,310.25</u>	<u>\$12,310.25</u>

SCHEDULE B

SCHEDULE OF PROPERTY ASSIGNED AS COLLATERAL

<u>DESCRIPTION OF PROPERTY</u>	<u>PROPERTY VALUE</u>
John Hancock Life Insurance Policy (Policy # 81 556 854)	\$9,000,000

Exhibit “E”

Exhibit “E”



Instructions on completing Change of Ownership (Absolute Assignment)

Mail your request to:

For Individual Life Products,
Customer Service Center R-02
John Hancock
1 John Hancock Way Suite 1350
Boston MA 02217-1099

For Majestic Series Products,
Specialty Products & Distribution C-6
John Hancock
PO Box 192
Boston MA 02117-0192

Important Notice

Before completing this form, please read this and the form carefully!

- If any person using this form has a question as to any tax implications or legal effect of its provisions, such person should consult their own lawyer for advice.
- If you require any changes to your Pre-Authorized Checking, please advise us immediately.
- This form also changes the beneficiary to the New Owner (Assignee).

Section A - Current Policy Information (To be completed by Current Owner)

- 1) Complete policy number, life insured name(s) and current owner(s) name, address and phone number.

Section B - Change of Ownership (To be completed by Current Owner)

To complete this section, select the type of Assignment: "For value received" or "A Gift".

- 1) Complete the New Owner section with the full name of the person(s) or entity you wish to transfer ownership (If you are transferring ownership to a trust, include the full name of trustee(s), name of trust and date of trust).
- 2) Complete the Mailing and Billing Address of the New Owner.

Section C - Signature(s) of Current Owner (To be signed by Current Owner requesting this transfer)

- 1) If the current owner requesting a transfer is a corporation, the authorized signing officer must in addition to their signature, print their name and title. (The signing officer must be an impartial party; otherwise we will require 1. a Corporate Seal affixed to the form and/or 2. second signing officer).
- 2) If the policy is owned by trustee(s) the trustee(s) must indicate their title and all trustees(s) must sign.
- 3) Indicate the location (City/State) and date the request.
- 4) Have the form witnessed by an impartial party.

Section D - Request for Taxpayer Identification Number and Certification (To be completed by the NEW Owner)

- Complete the Section for Taxpayer Information and Certification.
 - 1) For individuals use your social security number.
 - 2) For partnerships, corporations or irrevocable trusts: use the nine digit tax identification number or employer identification number.
 - 3) Check off appropriate boxes, under Certification of Taxpayer ID and Backup Withholding status.
- If you are subject to backup withholding the IRS would have notified you.
You would be subject to backup withholding if:
 - 1) you do not furnish a certified TIN to John Hancock or the IRS notified John Hancock that you furnished an incorrect TIN.
 - 2) you are notified by the IRS that you are subject to backup tax withholding for failing to report all income on your tax return OR
 - 3) you fail to certify that you are not subject to backup withholding.
- Sign and Date this section by NEW Owner (refer to Signature Requirements).

Retain for your records.

PS5115US (01/2010)

Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York), Boston, MA 02116; John Hancock Life Insurance Company of New York, Valhalla, NY 10595 and John Hancock Life & Health Insurance Company, herein collectively referred to as John Hancock.



Change of Ownership (Absolute Assignment)

Mail your request to:
For Individual Life Products,
Customer Service Center R-02
John Hancock
1 John Hancock Way Suite 1350
Boston MA 02217-1099

For Majestic Series Products,
Specialty Products & Distribution C-8
John Hancock
PO Box 192
Boston MA 02117-0192

Section A - Current Policy Information

1. a) Name of Owner(s) **ARYCO Capital Research, LLC**

b) Policy Number **81 556 854**

c) Life Insured(s) **Alfred J.R. Villalobos**

d) Address

e) Daytime Phone No. **775-588-9944**

Section B - Change of Ownership (Absolute Assignment)

For ☐ Value received; or ☒ As a Gift for Love and Affection,

the undersigned hereby transfers and assigns absolutely, all rights, title and interest in the above policy(ies) to the Assignee(s) indicated below and **HEREBY REVOKES ANY BENEFICIARY DESIGNATION** or direction of payment previously made in respect to the proceeds payable on the death of the Life Insured under the above policy(ies) and directs that such proceeds be paid to the Assignee(s) and, if more than one, in the same proportion as their ownership rights bear to one another. The Assignor(s) WARRANT the validity of this assignment.

Name of New Owner (Assignee)

Relationship to Life Insured

See "New Owner Exhibit"

See Exhibit

Mailing and Billing Address of New Owner (Assignee) - Street, City, State, Zip Code

If no address is indicated, the Mailing and Billing Address will remain the same.

**P.O. Box 1460
Zephyr Cove, NV 89448**

Section C - Signature(s) of Current Owner - Person/entity making this transfer

Signed at City/State

Date

Stateline, Nevada

9/9/10

Signature of Witness

Alfred N. Villalobos

Signature of Witness

Alfred N. Villalobos

(1) Signature of Owner (If corporation, officer(s) Name/Title must be indicated)

x

Alfred J.R. Villalobos, Managing Member

(2) Signature of Owner (If corporation, officer(s) Name/Title must be indicated)

x

(3)

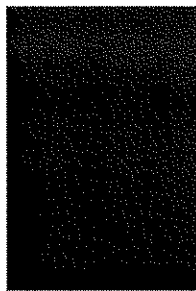
(4)

(5)

(6)

(7)

NEW OWNER EXHIBIT

<u>Name</u>	<u>Social Security</u>
1) Alfred J. R. Villalobos Estate-Estate (1/9 th owner)	
2) Eric W. Villalobos -Son(1/9 th owner)	
3) Jessica Kinley Rae Villalobos-Granddaughter (1/9 th owner)	
4) Adriana Ivette Villalobos-Granddaughter (3/9ths owner)	
5) Alfred James Villalobos-Grandson (1/9 th owner)	
6) Emiliano F. Villalobos-Grandson (1/9 th owner)	
7) Christian D. Villalobos-Grandson (1/9 th owner)	

Section D - Request for Taxpayer Identification Number and Certification - MUST be completed by the NEW Owner

In order to comply with IRS regulations regarding Tax Identification Numbers and Backup Withholding, individuals and sole proprietors MUST give their Social Security Number. Other entities MUST give their Employer Identification Number.

Social Security Number

See "New Owner Exhibit"

If you have no number or you have applied for a number and are waiting for one to be issued, write "APPLIED FOR" in the boxes. You then have 60 days to supply your TIN number to us. After 60 days The Company must begin Backup Withholding.

Tax ID Number

CERTIFICATION - UNDER PENALTIES OF PERJURY, I CERTIFY THAT:

☒ The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me).

☐ I am no longer subject to Backup Tax Withholding.

☐ For Minnesota residents only, I have received a copy of IRS Form W9.

☐ I am subject to Backup Tax Withholding.

☐ Check box ONLY if you are not a United States citizen (complete IRS Form W-8BEN).

☒ I am exempt from Backup Tax Withholding.

Signed at City/State

Date

Signature of NEW Owner/Taxpayer (if corporation, officer(s) Name/Title must be indicated)

- (1) Adriana I. Villalobos (Estate of ADRIANA I. Villalobos)
- (2) Adriana I. Villalobos (for Emiliano Villalobos, a minor)
- (3) Adriana I. Villalobos (for Christian Villalobos, a minor)
- (4) Adriana I. Villalobos (for ADRIANA JAMES Villalobos, a minor)
- (5) Jessica K. R. Villalobos (Jessica K. R. Villalobos)
- (6) Eric W. Villalobos (Eric W. Villalobos)
- (7) Adriana I. Villalobos (Adriana I. Villalobos)

Exhibit “F”

Exhibit “F”



Instructions on completing Change of Beneficiary - Life

Mail your request to:

For Individual Life Products,
Customer Service Center R-02
John Hancock
1 John Hancock Way Suite 1350
Boston MA 02217-1099

For Majestic Series Products,
Specialty Products & Distribution C-6
John Hancock
PO Box 192
Boston MA 02117-0192

Important Notice

If any person using this form has a question as to the legal effect of its provisions or tax or other implications of changing the designation, such person should consult their own lawyer for advice.

Section A - Policy Information

- 1) Complete policy number, life insured name(s) and owner(s) name, address and phone number (or indicate new address, if changed).

Section B - Beneficiary Designation

- 1) Complete the **Primary Beneficiary** Section with the name of the new beneficiary(s) ; their tax identification number and relationship to life insured;
- 2) Complete the **Secondary** (contingent) beneficiary section, if applicable.
- 3) Complete the **Final** (contingent) beneficiary section, if applicable.

Section C - Signature(s) of Owner

- 1) If the owner is a corporation, the authorized signing officer must in addition to their signature print their name and title. (The signing officer must be an impartial party; otherwise we will require 1.) Corporate Seal affixed to the form and/or 2.) Authorized second signing officer).
- 2) If the policy is owned by trustee(s) the trustee(s) must indicate their title and all trustees(s) on record must sign.
- 3) Indicate the location (City/State) and date the request.
- 4) Have the form witnessed by a dis-interested party.

Sample Beneficiary Designations are provided as a reference only.

- | | |
|---------------------------------------|---|
| 1) Primary | Estate of the Life Insured |
| 2) Primary | Mary J. Doe, wife |
| Secondary | John Doe, James Doe, Ann Smith, children |
| 3) Primary | Mary Smith, wife |
| Secondary | John Smith and Ann Smith, children. Any payment due to a beneficiary during minority shall be paid to James Smith, brother of the Life Insured for the benefit of such beneficiary. |
| 4) Primary
(Testamentary Trust) | The trustee of the trust created in the instrument admitted to probate as my Last Will and Testament provided, however, should my Last Will and Testament contain no Trust or not be admitted to probate or should I die intestate, then to my Executors or Administrators. |
| 5) Primary (Trust) | John Doe, Trustee or any successor Trustee of Doe Family Trust dated January 01, 2004 |
| 6) Primary
(un- equal allocation*) | 75% to Jane Doe and 25% to John Doe
*Always use percentages (%) |

Retain for your records.

PS5114US (01/2010)

Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York), Boston, MA 02116; John Hancock Life Insurance Company of New York, Valhalla, NY 10595 and John Hancock Life & Health Insurance Company, herein collectively referred to as John Hancock.

EXHIBIT "E"

JHAV0030



Change of Beneficiary - Life

Mail your request to:

For Individual Life Products,
Customer Service Center R-02
John Hancock
1 John Hancock Way Suite 1350
Boston MA 02217-1099

For Majestic Series Products,
Specialty Products & Distribution C-6
John Hancock
PO Box 192
Boston MA 02117-0192

Section A - Current Policy Information

1. a) Name of Owner(s) **ARVCO Capital Research, LLC**b) Policy Number **81 566 854**c) Life Insured(s) **Alfred J.R. Villalobos**d) Address **P.O. Box 1460
Zephyr Cove, NV 89448**e) Daytime Phone No. **775-588-9944**☐ Please check for address change

Section B - Beneficiary Designation

Subject to the terms of the policy(ies) and any Assignees on record with John Hancock, the undersigned hereby revokes any beneficiary designation or direction of payment previously made in respect to the proceeds payable on the death of the Life Insured under the above policy(ies) and directs that such proceeds be paid to:

Primary Beneficiary(ies)

Name

Relationship

Taxpayer number

See Attached "Primary Beneficiary Attachment"

Secondary Beneficiary(ies)

Name

Relationship

Taxpayer number

Final Beneficiary(ies)

Name

Relationship

Taxpayer number

Section C - Signature of Owner(s)

Important: See also provisions on the reverse of this form which are hereby made a part of this beneficiary designation.

Signed at City/State

Stateline, Nevada

Date

9-10-2010

Signature of Witness

x

Signature of Owner (If corporation, officer(s) Name/Title must be indicated)

x

Managing Member

Signature of Witness

x

Signature of Owner (If corporation, officer(s) Name/Title must be indicated)

x

PS5114US (01/2010)

Page 1 of 2

Insurance products are issued by John Hancock Life Insurance Company (U.S.A.) (not licensed in New York), Boston, MA 02116; John Hancock Life Insurance Company of New York, Valhalla, NY 10595 and John Hancock Life & Health Insurance Company, herein collectively referred to as John Hancock.

Provisions Relating To Beneficiary Designation

This form provides for three classes of beneficiaries - **Primary, Secondary and Final** but it is not necessary to designate beneficiaries in all classes. Phrases such as "if living, otherwise", "share and share alike" or "equally" are not necessary as these are covered by this form. Any corrections to this form should be initialed by the signer.

For the purpose of this beneficiary designation, Life Insured means the individual upon whose death, the proceeds are payable.

If the beneficiary designated is the trustee of an Inter Vivos Trust, and if John Hancock receives proof satisfactory to it that the trust is not in effect when any death benefit is payable, then John Hancock will pay the death benefit as if the trust beneficiary had died before the Life Insured. If the beneficiary designated is the trustee of a Testamentary Trust, it will be deemed to be the trust which is created under a Last Will and Testament and if, when the death benefit is payable, it is found that the Last Will and Testament contains no trust or is not admitted to Probate or the Life Insured died intestate, then John Hancock will pay the death benefit as if the trust beneficiary died before the Life Insured.

Beneficiary Classification. Unless otherwise specified, beneficiaries in the same class will share equally in any death benefit payable to them. If proceeds are payable in unequal shares, express the shares as a percentage of the proceeds payable. If a beneficiary dies before the benefit is payable, his or her share will be allocated equally among any surviving beneficiaries in the same class.

PRIMARY BENEFICIARY ATTACHMENT

<u>Primary Beneficiary & Interest</u>	<u>Relationship</u>	<u>Taxpayer Number</u>
(1) Alfred J.R. Villalobos Estate One ninth interest	Estate	
(2) Eric W. Villalobos One ninth interest	Son	
(3) Jessica Kinley Rae One ninth interest	Granddaughter	
(4) Adriana Ivette Villalobos Three ninths interest	Granddaughter	
(5) Alfred James Villalobos One ninth interest	Grandson	
(6) Emiliano F. Villalobos One ninth interest	Grandson	
(7) Christian D. Villalobos One ninth interest	Grandson	

For Primary Beneficiaries 2 (Eric W. Villalobos), 3 (Jessica Kinley Rae Villalobos), 5 (Alfred James Villalobos), 6 (Emiliano F. Villalobos), and 7 (Christian D. Villalobos), in the event that any one person or more of them, predecease the insured, then the remaining beneficiaries who are people, not including the estate of Alfred J. R. Villalobos, shall be entitled to share equally with the other surviving beneficiaries 2 (Eric W. Villalobos), 3 (Jessica Kinley Rae Villalobos), 5 (Alfred James Villalobos), 6 (Emiliano F. Villalobos), and 7 (Christian D. Villalobos) the deceased primary beneficiary's benefit as secondary beneficiaries.


For Primary Beneficiary 4 (Adriana I. Villalobos), in the event that Adriana I. Villalobos predeceases the insured, then the 2/9ths of the benefit shall be distributed to Carrissa D. Villalobos granddaughter of the insured as secondary beneficiary, and 1/9th of the benefit shall be distributed equally to beneficiaries (6) Emiliano F. Villalobos and (7) Christian D. Villalobos. Carrissa D. Villalobos Tax ID number is  In the event that Carrissa D. Villalobos pre-deceases Adriana I. Villalobos and the insured, then the 3/9ths interest shall be distributed equally between beneficiaries (6) Emiliano F. Villalobos and (7) Christian D. Villalobos.

Exhibit “G”

Exhibit “G”



December 06, 2010

ARVCO CAPITAL RESEARCH
PO BOX 3720
STATELINE NV 89449

Dear Arvco Capital Research :

**RE: Policy No. 81 556 854 Insured(s): Alfred J. R. Villalobos
John Hancock Life Insurance Company (U.S.A.)**

We have received your request to process a ownership change on your policy, however, the requirements we have received are incomplete. Once all requirements are received we will process the change on the policy. The following is still outstanding:

- We require a copy of the new owner exhibit(with names of owners) to be provided, as a copy was not provided with the enclosed change of ownership and beneficiary forms.
- Please note that the Estate of JR Villalobos cannot be listed as an owner, as the estate will be established at the time of death.
- In addition we require the name of the trusted adult who will receive any proceeds due to a minor during minority to be provided for the minor owners that you have indicated on the form. Please confirm if the named person is family appointed or court appointed. If court appointed we will require the supporting legal documentation in order to update our files.

If you require additional information, please contact our Customer Service Center at 1-800-387-2747. Thank you for selecting John Hancock for your financial needs.

Customer Service Forms are now online for your convenience! Just visit www.jhlifeinsurance.com.

Sincerely,

David Kelly
Customer Service Center
encl.

Customer Service Center R-02
1 John Hancock Way Suite 1350, Boston, MA 02217-1099
Toll Free: (800) 387-2747 Fax: (416) 926-5656

www.jhlifeinsurance.com

EXHIBIT "G" 29

Exhibit “H”

Exhibit “H”

REDACTED

70 S. Lake Ave., Suite 950
 Pasadena, CA 91101
 626-795-9590
 626-795-1582
 roneyco@pacbell.net
 www.michaelroney.com



Roney & Company

Fax

To: David Kelly - John Hancock	From: J. Michael Roney
Fax: 416-926-5656	Pages: 10
Phone: 800-387-2747	Date: 12/9/2010
Re: Alfred J.R. Villalobos #81 556 854	cc:

☒ **Urgent**
☐ **For Review**
☐ **Please Comment**
☐ **Please Reply**
☐ **Please Recycle**

ATTN: David Kelly - Customer Service Department
Re: Villalobos Change of Ownership and Change of Beneficiary

Please find attached the following documents:

John Hancock Letter dated December 6, 2010
 Ownership change forms
 Beneficiary Change Form

Please process these changes on a rush basis and send confirmation to our office as soon as possible.
 Additionally, please confirm receipt of this fax to **roneyco@pacbell.net**.

Should you have any questions, please feel free to contact me at the phone number referenced above.

Thank you,

J. Michael Roney
 70 S. Lake Ave., # 950
 Pasadena, CA 91101
 Office: 626-795-9590
 Fax: 626-795-1582
 roneyco@pacbell.net



December 06, 2010

ARVCO CAPITAL RESEARCH
PO BOX 3720
STATELINE NV 89449

Dear Arvco Capital Research :

RE: Policy No. 81 556 854 Insured(s): Alfred J. R. Villalobos
John Hancock Life Insurance Company (U.S.A.)

We have received your request to process a ownership change on your policy, however, the requirements we have received are incomplete. Once all requirements are received we will process the change on the policy. The following is still outstanding:

- We require a copy of the new owner exhibit(with names of owners) to be provided, as a copy was not provided with the enclosed change of ownership and beneficiary forms.
- Please note that the Estate of JR Villalobos cannot be listed as an owner, as the estate will be established at the time of death.
- In addition we require the name of the trusted adult who will receive any proceeds due to a minor during minority to be provided for the minor owners that you have indicated on the form. Please confirm if the named person is family appointed or court appointed. If court appointed we will require the supporting legal documentation in order to update our files.

If you require additional information, please contact our Customer Service Center at 1-800-387-2747. Thank you for selecting John Hancock for your financial needs.

Customer Service Forms are now online for your convenience! Just visit www.jhlifeinsurance.com.

Sincerely,

David Kelly
Customer Service Center
encl.

Customer Service Center R-02
1 John Hancock Way Suite 1350, Boston, MA 02217-1099
Toll Free: (800) 387-2747 Fax: (416) 926-3636

www.jhlifeinsurance.com



Instructions on completing Change of Ownership (Absolute Assignment)

Mail your request to:

*For Individual Life Products,
Customer Service Center R-02
John Hancock
1 John Hancock Way Suite 1350
Boston MA 02217-1099*

*For Majestic Series Products,
Specialty Products & Distribution C-6
John Hancock
PO Box 192
Boston MA 02117-0192*

Important Notice

Before completing this form, please read this and the form carefully!

- If any person using this form has a question as to any tax implications or legal effect of its provisions, such person should consult their own lawyer for advice.
- If you require any changes to your Pre-Authorized Checking, please advise us immediately.
- This form also changes the beneficiary to the New Owner (Assignee).

Section A - Current Policy Information (To be completed by Current Owner)

- 1) Complete policy number, life insured name(s) and current owner(s) name, address and phone number.

Section B - Change of Ownership (To be completed by Current Owner)

To complete this section, select the type of Assignment: "For value received" or "A Gift".

- 1) Complete the New Owner section with the full name of the person(s) or entity you wish to transfer ownership (If you are transferring ownership to a trust, include the full name of trustee(s), name of trust and date of trust).
- 2) Complete the Mailing and Billing Address of the New Owner.

Section C - Signature(s) of Current Owner (To be signed by Current Owner requesting this transfer)

- 1) If the current owner requesting a transfer is a corporation, the authorized signing officer must in addition to their signature, print their name and title. (The signing officer must be an impartial party; otherwise we will require 1. a Corporate Seal affixed to the form and/or 2. second signing officer).
- 2) If the policy is owned by trustee(s) the trustee(s) must indicate their title and all trustees(s) must sign.
- 3) Indicate the location (City/State) and date the request.
- 4) Have the form witnessed by an impartial party.

Section D - Request for Taxpayer Identification Number and Certification (To be completed by the NEW Owner)

- Complete the Section for Taxpayer Information and Certification.
 - 1) For individuals use your social security number.
 - 2) For partnerships, corporations or irrevocable trusts: use the nine digit tax identification number or employer identification number.
 - 3) Check off appropriate boxes, under Certification of Taxpayer ID and Backup Withholding status.
- If you are subject to backup withholding the IRS would have notified you.
You would be subject to backup withholding if:
 - 1) you do not furnish a certified TIN to John Hancock or the IRS notified John Hancock that you furnished an incorrect TIN.
 - 2) you are notified by the IRS that you are subject to backup tax withholding for failing to report all income on your tax return OR
 - 3) you fail to certify that you are not subject to backup withholding.
- Sign and Date this section by NEW Owner (refer to Signature Requirements).

Retain for your records.

PS5115US (01/2010)

Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York), Boston, MA 02116; John Hancock Life Insurance Company of New York, Valhalla, NY 10595 and John Hancock Life & Health Insurance Company, herein collectively referred to as John Hancock.



LIFE INSURANCE

Change of Ownership (Absolute Assignment)

Mail your request to:

For Individual Life Products,
Customer Service Center R-02
John Hancock
1 John Hancock Way Suite 1350
Boston MA 02217-1099

For Majestic Series Products,
Specialty Products & Distribution C-6
John Hancock
PO Box 192
Boston MA 02117-0192

Section A - Current Policy Information

1. a) Name of Owner(s) **ARYCO Capital Research, LLC**b) Policy Number **81 556 854**c) Life Insured(s) **Alfred J.R. Villalobos**

d) Address

e) Daytime Phone No. **775-588-9944**

Section B - Change of Ownership (Absolute Assignment)

For ☐ Value received; or ☒ as a Gift for Love and Affection,

the undersigned hereby transfers and assigns absolutely, all rights, title and interest in the above policy(ies) to the Assignee(s) indicated below and **HEREBY REVOKES ANY BENEFICIARY DESIGNATION** or direction of payment previously made in respect to the proceeds payable on the death of the Life Insured under the above policy(ies) and directs that such proceeds be paid to the Assignee(s) and, if more than one, in the same proportion as their ownership rights bear to one another. The Assignor(s) WARRANT the validity of this assignment.

Name of New Owner (Assignee)

See "New Owner Exhibit"

Relationship to Life Insured

See ExhibitMailing and Billing Address of New Owner (Assignee) - Street, City, State, Zip Code

If no address is indicated, the Mailing and Billing
Address will remain the same.

**P.O. Box 1460
Zephyr Cove, NV 89448**

Section C - Signature(s) of Current Owner - Person/entity making this transfer

Signed at City/State

Stateline, Nevada

Date

9/9/10

Signature of Witness

Signature of Witness

Alfred N. Villalobos

(1) Signature of Owner (If corporation, officer(s) Name/Title must be indicated)

x

(2) Signature of Owner (If corporation, officer(s) Name/Title must be indicated)

x

(3)

(4)

(5)

(6)

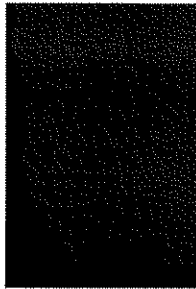
(7)

PS5115US (01/2010)

Page 1 of 2

Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York), Boston, MA 02116; John Hancock Life Insurance Company of New York, Valhalla, NY 10595 and John Hancock Life & Health Insurance Company, herein collectively referred to as John Hancock.

NEW OWNER EXHIBIT

<u>Name</u>	<u>Social Security</u>
1) Alfred J. R. Villalobos Estate-Estate (1/9 th owner)	
2) Eric W. Villalobos -Son(1/9 th owner)	
3) Jessica Kinley Rae Villalobos-Granddaughter (1/9 th owner)	
4) Adriana Ivette Villalobos-Granddaughter (3/9ths owner)	
5) Alfred James Villalobos-Grandson (1/9 th owner)	
6) Emiliano F. Villalobos-Grandson (1/9 th owner)	
7) Christian D. Villalobos-Grandson (1/9 th owner)	

Section D - Request for Taxpayer Identification Number and Certification - MUST be completed by the NEW Owner

In order to comply with IRS regulations regarding Tax Identification Numbers and Backup Withholding, individuals and sole proprietors MUST give their Social Security Number. Other entities MUST give their Employer Identification Number.

Social Security Number

See "New Owner Exhibit"

If you have no number or you have applied for a number and are waiting for one to be issued, write "APPLIED FOR" in the boxes. You then have 60 days to supply your TIN number to us. After 60 days The Company must begin Backup Withholding.

Tax ID Number

CERTIFICATION - UNDER PENALTIES OF PERJURY, I CERTIFY THAT:

☒ The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me).

☐ I am no longer subject to Backup Tax Withholding.

☐ For Minnesota residents only, I have received a copy of IRS Form W9.

☐ I am subject to Backup Tax Withholding.

☐ Check box ONLY if you are not a United States citizen (complete IRS Form W-8BEN).

☒ I am exempt from Backup Tax Withholding.

Signed at City/State

Date

Signature of NEW Owner/Taxpayer (If corporation officer(s) Name/Title must be indicated)

- (1) ☒ Alfredo R. Villalobos (Estate of Alfredo R. Villalobos)
- (2) Emiliano Villalobos (For Emiliano Villalobos, a Minor)
- (3) Christian Villalobos (For Christian Villalobos, a Minor)
- (4) Alfredo R. Villalobos (For Alfredo R. Villalobos, a Minor)
- (5) Jessica K. R. Villalobos (Jessica K. R. Villalobos)
- (6) Eric W. Villalobos (Eric W. Villalobos)
- (7) Adriana I. Villalobos (Adriana I. Villalobos)



Instructions on completing Change of Beneficiary - Life

Mail your request to:

For Individual Life Products,
Customer Service Center R-02
John Hancock
1 John Hancock Way Suite 1350
Boston MA 02217-1099

For Majestic Series Products,
Specialty Products & Distribution C-6
John Hancock
PO Box 192
Boston MA 02117-0192

Important Notice

If any person using this form has a question as to the legal effect of its provisions or tax or other implications of changing the designation, such person should consult their own lawyer for advice.

Section A - Policy Information

- 1) Complete policy number, life insured name(s) and owner(s) name, address and phone number (or indicate new address, if changed).

Section B - Beneficiary Designation

- 1) Complete the **Primary** Beneficiary Section with the name of the new beneficiary(s) ; their tax identification number and relationship to life insured;
- 2) Complete the **Secondary** (contingent) beneficiary section, if applicable.
- 3) Complete the **Final** (contingent) beneficiary section, if applicable.

Section C - Signature(s) of Owner

- 1) If the owner is a corporation, the authorized signing officer must in addition to their signature print their name and title. (The signing officer must be an impartial party; otherwise we will require 1.) Corporate Seal affixed to the form and/or 2.) Authorized second signing officer).
- 2) If the policy is owned by trustee(s) the trustee(s) must indicate their title and all trustees(s) on record must sign.
- 3) Indicate the location (City/State) and date the request.
- 4) Have the form witnessed by a dis-interested party.

Sample Beneficiary Designations are provided as a reference only.

- | | |
|--------------------------------------|---|
| 1) Primary | Estate of the Life Insured |
| 2) Primary | Mary J. Doe, wife |
| Secondary | John Doe, James Doe, Ann Smith, children |
| 3) Primary | Mary Smith, wife |
| Secondary | John Smith and Ann Smith, children. Any payment due to a beneficiary during minority shall be paid to James Smith, brother of the Life Insured for the benefit of such beneficiary. |
| 4) Primary
(Testamentary Trust) | The trustee of the trust created in the instrument admitted to probate as my Last Will and Testament provided, however, should my Last Will and Testament contain no Trust or not be admitted to probate or should I die intestate, then to my Executors or Administrators. |
| 5) Primary (Trust) | John Doe, Trustee or any successor Trustee of Doe Family Trust dated January 01, 2004 |
| 6) Primary
(un-equal allocation*) | 75% to Jane Doe and 25% to John Doe
*Always use percentages (%) |

Retain for your records.

PS514US (01/2010)

Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York), Boston, MA 02116; John Hancock Life Insurance Company of New York, Valhalla, NY 10595 and John Hancock Life & Health Insurance Company, herein collectively referred to as John Hancock.

Exhibit “I”

Exhibit “I”

12/22/2017 16:10 FAX

002/002 JHAV0117



John Hancock Life Insurance Co. (USA)

Attn: Title Department

Via Fax: 416-926-5656

12-27-2010

Ref: Policy #: 81 556 854

Ins.: Alfred J.R. Villalobos

Dear Sirs:

On approximately 9-9-2010 and/or 9-10-2010 we sent you a change(s) in ownership and a change of beneficiaries. We did not understand the instructions and the information was not properly prepared. Please disregard those forms and we will send the information in the proper format to you in a few days.

Thank you for your cooperation.

A handwritten signature in dark ink, appearing to read "Alfred J. R. Villalobos". The signature is written over a horizontal line.

Alfred J. R. Villalobos

Chairman and Managing Member

P.O. Box 3720/ 1000 HOLLY LANE/ZEPHYR COVE, NV 89449
TEL 775.588.9944 FAX 775.588.9977

EXHIBIT " I "

Exhibit “J”

Exhibit “J”

01/27/2018 12:24 FAX

002/002 JHAV0126

01/31/2011 MON 17:06 FAX 4169265924 John Hancock

003/011

12/22/2017 16:10 FAX

002/002



John Hancock Life Insurance Co. (USA)

Attn: Title Department

Via Fax: 416-926-5656

12-27-2010

Ref: Policy #: 81 556 854

Ins.: Alfred J.R. Villalobos

Dear Sirs:

On approximately 9-9-2010 and/or 9-10-2010 we sent you a change(s) in ownership and a change of beneficiaries. We did not understand the instructions and the information was not properly prepared. Please disregard those forms and we will send the information in the proper format to you in a few days.

Thank you for your cooperation.

A handwritten signature of Alfred J. R. Villalobos, written in dark ink. The signature is stylized and appears to be "Alfred J. R. Villalobos".

Alfred J. R. Villalobos

Chairman and Managing Member

On behalf of minors:

A.J. Villalobos (16)

E.F. Villalobos (10)

C.D. Villalobos (8)

A handwritten signature of Adriana Villalobos, written in dark ink. The signature is stylized and appears to be "Adriana Villalobos".

Adriana Villalobos

A handwritten signature of Emma W. Villalobos, written in dark ink. The signature is stylized and appears to be "Emma W. Villalobos".

A handwritten signature of Carrissa Dolores Villalobos, written in dark ink. The signature is stylized and appears to be "Carrissa Dolores Villalobos".

Received and filed by The Company

JAN 28 2011

ON.....

A handwritten signature of Jan A. Boyle, written in dark ink. The signature is stylized and appears to be "Jan A. Boyle".

P.O. BOX 3720/1000 HOLLY LANE/ZEPHYR COVE, NV 89449
TEL 775.588.9944 FAX 775.588.9977

EXHIBIT "J" 93

Exhibit “K”

Exhibit “K”



Change of Ownership (Absolute Assignment)

Mail your request to:

For Individual Life Products,
Customer Service Center R-02
John Hancock
1 John Hancock Way Suite 1350
Boston MA 02217-1099

For Majestic Series Products,
Specialty Products & Distribution C-8
John Hancock
PO Box 162
Boston MA 02117-0182

Section A - Current Policy Information

1. a) Name of Arvco. Capital Research
Owner(s)b) Policy
Number 61 556 854

c) Life Insured(s) Alfred J. R. Villalobos

d) Address: PO BOX 3720

STATELINE, NV 89448

e) Daytime
Phone No 818-416-6214

Section B - Change of Ownership (Absolute Assignment)

For ☐ Value received; or ☒ as a Gift for Love and Affection,

the undersigned hereby transfers and assigns absolutely, all rights, title and interest in the above policy(ies) to the Assignee(s) indicated below and
HEREBY REVOKES ANY BENEFICIARY DESIGNATION of direction of payment previously made in respect to the proceeds payable on the death of the
Life Insured under the above policy(ies) and directs that such proceeds be paid to the Assignee(s) and, if more than one, in the same proportion as their
ownership rights bear to one another. The Assignor(s) **WARRANT** the validity of this assignment.

Name of New Owner (Assignee)

Jessica Kinley-Rae Villalobos

/ Tax ID#:

Relationship to Life Insured

Granddaughter

~~Carmela Delores Villalobos~~

/ Tax ID#:

Granddaughter

Mailing and Billing Address of New Owner (Assignee) -

Street, City, State, Zip Code

If no address is indicated, the Mailing and Billing

Address will remain the same.

P.O. Box 1460

Zephyr Cove, NV 89448

Section C - Signature(s) of Current Owner - Person/Entity making this transfer.

Signed at City/State Zephyr Cove, NV 89448

Date Jan. 5, 2011

Signature of Witness Josh Roybal

Signature of Witness Jason Cancel

Signature of Owner (if corporation, officer(s) Name/Title must be indicated)

Alfred J.R. Villalobos

Chairman, Managing Member

Signature of Owner (if corporation, officer(s) Name/Title must be indicated)

x Alfred N. Villalobos

General Counsel

EXHIBIT

64

K

33

JHAV0035

Section D - Request for Taxpayer Identification Number and Certification - MUST be completed by the NEW Owner

In order to comply with IRS regulations regarding Tax Identification Numbers and Backup Withholding, individuals and sole proprietors MUST give their Social Security Number. Other entities MUST give their Employer Identification Number.

Social Security Number

"SEE BELOW"

If you have no number or you have applied for a number and are waiting for one to be issued, write "APPLIED FOR" in the boxes. You then have 60 days to supply your TIN number to us. After 60 days The Company must begin Backup Withholding.

Tax ID Number

CERTIFICATION - UNDER PENALTIES OF PERJURY, I CERTIFY THAT:

☒ The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me).

☐ I am no longer subject to Backup Tax Withholding.

☐ For Minnesota residents only, I have received a copy of IRS Form W9.

☐ I am subject to Backup Tax Withholding.

☐ Check box ONLY if you are not a United States citizen (complete IRS Form W-8BEN).

☒ I am exempt from Backup Tax Withholding.

Signed at City/State: Zephyr Cove, NV 89448

Date: Jan. 5, 2011

Signature of NEW Owner/Taxpayer (If corporation, officer's Name/Title must be indicated)

x

Jessica Kinley-Rae Villalobos

Date:

January 5, 2011

Signed at City/State: Zephyr Cove, NV 89448

x

Carrissa Dolores Villalobos

Signature of NEW Owner/Taxpayer

Date:

January 5, 2011

Jessica Kinley-Rae Villalobos

Tax ID#:

Granddaughter

Carrissa Dolores Villalobos

Tax ID#:

Granddaughter

Exhibit “L”

Exhibit “L”



Change of Beneficiary - Life

Mail your request to:

For Individual Life Products,
Customer Service Center R-02
John Hancock
1 John Hancock Way Suite 1350
Boston MA 02217-1099

For Majestic Series Products,
Specialty Products & Distribution C-6
John Hancock
PO Box 192
Boston MA 02117-0192

Section A - Current Policy Information

1. a) Name of Owner(s) Jessica Kinley-Rae Villalobos
Carrissa Dolores Villalobos
c) Life Insured(s) Alfred J. R. Villalobos

b) Policy Number 81 556 854

d) Address P.O. Box 1460
Zephyr Cove, NV 89448

e) Daytime: (J) 530-545-0789
Phone No. (C) 818-634-4599

☐ Please check for address change

Section B - Beneficiary Designation

Subject to the terms of the policy(ies) and any Assignee on record with John Hancock, the undersigned hereby revokes any beneficiary designation or direction of payment previously made in respect to the proceeds payable on the death of the Life Insured under the above policy(ies) and directs that such proceeds be paid to:

Primary Beneficiary(ies)

Name Relationship Taxpayer number

PLEASE SEE ATTACHED "NEW BENEFICIARY EXHIBIT"

Secondary Beneficiary(ies)

Name Relationship Taxpayer number

PLEASE SEE ATTACHED "NEW BENEFICIARY EXHIBIT"

Final Beneficiary(ies)

Name Relationship Taxpayer number

Section C - Signature of Owner(s)

Important: See also provisions on the reverse of this form which are hereby made a part of this beneficiary designation.

Signed at City/State

Date

Zephyr Cove, NV 89448

January 7, 2015

Signature of Witness

Signature of Owner (if corporation, officer(s) Name/Title must be indicated)

x

x

Signature of Witness

Josh Roybal

Signature of Owner (if corporation, officer(s) Name/Title must be indicated)

x

x

Jason Cancel

Carrissa Dolores Villalobos

PS514US (01/2010)

Page 1 of 2

Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York), Boston, MA 02116; John Hancock Life Insurance Company of New York, Valhalla, NY 10595 and John Hancock Life & Health Insurance Company, herein collectively referred to as John Hancock.

EXHIBIT

44 L

93

NEW BENEFICIARY EXHIBIT

<u>Primary Beneficiary</u>	<u>Interest</u> **	<u>Relationship</u>	<u>Taxpayer #</u>	<u>Minor(s) Custodian & Tax I.D. Number</u>
1) Eric William Villalobos [REDACTED]	2/18's	Son	[REDACTED]	
2) Jessica Kinley-Rae Villalobos [REDACTED]	3/18's	Granddaughter	[REDACTED]	
3) Adriana Ivette Villalobos [REDACTED]	6/18's	Granddaughter	[REDACTED]	
4) Alfred James Villalobos [REDACTED]	3/18's	Grandson	[REDACTED]	Jessica Kinley-Rae Villalobos [REDACTED] Tax ID #: [REDACTED]
5) Emiliano Francisco Villalobos [REDACTED]	2/18's	Grandson	[REDACTED]	Carrissa Dolores Villalobos [REDACTED] Tax ID #: [REDACTED]
6) Christian Daniel Villalobos [REDACTED]	2/18's	Grandson	[REDACTED]	Carrissa Dolores Villalobos [REDACTED] Tax ID #: [REDACTED]

* Birthdate (BD)
** 1/18 = \$500,000 (Five Hundred Thousand Dollars)

In the event that any one or more Primary Beneficiaries predecease the insured, then the remaining beneficiaries shall be entitled to share equally with the other surviving beneficiaries the deceased beneficiary's benefit as secondary beneficiaries.

Designated By:

[Signature]
Jessica Kinley-Rae Villalobos, Owner
Date: 1-7-11

[Signature]
Carrissa Dolores Villalobos, Owner
Date: 01/07/11

Witness: [Signature] Date: 1-7-2011
Josh Roybal

Witness: [Signature] Date: 1/7/2011
Jason Cancel

Exhibit “M”

Exhibit “M”



January 31, 2011

A J R VILLALOBOS,E W VILLALOBOS,
J K R VILLALOBOS,A I VILLALOBOS, AFRED J
VILLALOBOS,EMILIANO F VILLALOBOS & C D VILLALOBOS
PO BOX 1460
ZEPHYR COVE NV 89448

Dear A J R Villalobos,E W Villalobos,J K R Villalobos,A I Villalobos, AJ
Villalobos,EF Villalobos & CD Villalobos:

**RE: Policy No. 81 556 854 Insured(s): Alfred J. R. Villalobos
John Hancock Life Insurance Company (U.S.A.)**

Further to the letter received from Alfred J.R. Villalobos, Chairman and Managing Member, dated December 27, 2010, in which Mr Villalobos advised us to disregard the change of ownership and beneficiary forms dated September 09, 2010 and September 10, 2010. These change forms were received and filed by John Hanock in our letter dated Januaryt 5, 2011. Mr Villalobos noted he did not understand the instructions and the information was not properly prepared. Based on his letter we have reversed the change of ownership back to the previous owner, Arvro Capital Research. While we have cancelled the request, we are asking each of you to sign the copy of his letter dated Dec 27, 2010, and return it to us at your earliest convenience. This letter will be kept on file for our records. Please attach this letter to your policy contract for future reference.

If you require additional information, please contact our Customer Service Center at 1-800-387-2747. Thank you for selecting John Hancock for your financial needs.

Sincerely,

Michael Hamilton
Titles Analyst
Customer Service Center

cc: J Michael Roney Ins. Serv Inc.
Arvco Capital Research
encl.

Customer Service Center R-02
1 John Hancock Way Suite 1350, Boston, MA 02217-1099
Toll Free: (800) 387-2747 Fax: (416) 926-5656

www.jhlifeinsurance.com

EXHIBIT "M" 03

Exhibit “N”

Exhibit “N”

Holly Estes

From: Dan Apodaca <Dan@apocpa.com>
Sent: Monday, October 27, 2014 5:56 PM
To: Holly Estes
Attachments: Villalobos Material.pdf

Loans from Dan and proceeds from construction defect settlement

**LOANS TO ALFRED J.R. VILLALOBOS
FROM DANIEL E. APODACA**

Date	Amount	Source	Disposition of loans
10/31/2012	\$ 4,000.00	Cash- Dan personal	Money orders to Forest Lawn
10/25/2012	11,000.00	Dan's personal equity Line	Money orders to Forest Lawn
12/7/2012	15,000.00	Cash - Dan personal account (from Fred F.)	AJ personal account-US Bank
1/8/2013	1,500.00	Dan-Citibank-personal account	AJ personal account-US Bank
1/17/2013	3,500.00	Dan Firm Account-Cash Deposit	AJ personal account-US Bank
2/7/2013	2,000.00	Cash- Dan personal account	AJ personal account-US Bank
2/8/2013	25,000.00	Ed Foster to Dan-Dan to AJ Villalobos	AJ personal account-US Bank
2/22/2013	2,000.00	Cash - Dan personal account	AJ personal account-US Bank
2/27/2013	500.00	Dan Firm - for Carissa	AJ grand-daughter check
2/27/2013	1,500.00	Dan Firm Account-Cash Deposit	AJ personal account-US Bank
2/28/2013	1,000.00	Dan Firm Account-Cash Deposit	AJ personal account-US Bank
3/7/2013	5,000.00	Dan Firm Account-Cash Deposit	AJ personal account-US Bank
3/21/2013	400.00	Dan Firm-to US Bank for fees	US Bank- to make copies
3/30/2013	2,500.00	Dan Firm Account-Cash Deposit	AJ personal account-US Bank
4/8/2013	2,000.00	Dan Firm Account-Cash Deposit	AJ personal account-US Bank
4/12/2013	500.00	Dan Firm Account-Cash Deposit	AJ personal account-US Bank
4/24/2013	4,000.00	Dan Firm Account-Cash Deposit	AJ personal account-US Bank
5/1/2013	3,500.00	Dan Firm Account-Cash Deposit	AJ personal account-US Bank
5/24/2013	(3,600.00)	Cash received from sale of car	Dan's account
5/29/2013	7,000.00	Dan Firm Account-Cash Deposit	AJ personal account-US Bank
6/18/2013	25,000.00	Cash-Dan personal account	AJ hand delivered
6/21/2013	4,000.00	Dan Firm Account-Cash Deposit	AJ personal account-US Bank
7/18/2013	2,500.00	Dan Firm Account-Cash Deposit	AJ personal account-US Bank
7/23/2013	2,000.00	Dan Firm Account-Cash Deposit	AJ personal account-US Bank
7/30/2012	1,000.00	Dan Firm Account-Cash Deposit	AJ personal account-US Bank
8/14/2013	1,500.00	Dan Firm Account-Cash Deposit	AJ personal account-US Bank
9/30/2013	4,000.00	Dan Firm Account-Cash Deposit	AJ personal account-US Bank
10/19/2013	4,000.00	Dan Firm Account-Cash Deposit	AJ personal account-US Bank
7/13/2013	1,000.00	Dan Firm Account-Cash Deposit	Life Insurance checking and savings-open accounts
2/26/2013	11,000.00	Dan personal account	Deposit to Life Insurance Trust
5/6/2013	12,350.00	Dan personal account	Deposit to Life Insurance Trust
8/26/2013	12,500.00	Dan Firm Account-Cash Deposit	Deposit to Life Insurance Trust
11/14/2013	12,500.00	Dan Firm Account-Cash Deposit	Deposit to Life Insurance Trust
12/14/2013	2,500.00	Dan Firm Account-Cash Deposit	AJ personal account-US Bank
12/20/2013	1,000.00	Dan Firm Account-Cash Deposit	AJ personal account-US Bank
1/1/2014	500.00	Dan personal account	Jason Cancel account
1/9/2014	1,000.00	Dan Firm Account-Cash Deposit	Jason Cancel account
2/7/2014	12,310.20	Dan Firm Account-Cash Deposit	Deposit to Life Insurance Trust
2/24/2014	700.00	Dan personal account	AJ personal account-US Bank
3/24/2014	100.00	Dan Firm Account-Cash Deposit	VFT
5/13/2014	700.00	Dan personal account	AJ personal account-US Bank
5/15/2014	1,000.00	Dan personal account	AJ personal account-US Bank
5/22/2014	300.00	Dan personal account	AJ personal account-US Bank
5/29/2014	7,000.00	Dan Firm Account-Cash Deposit	AJ personal account-US Bank

Total Balanc \$ 208,760.20

5:06 PM

10/27/14

Accrual Basis

Daniel E. Apodaca, CPA
Transactions by Account
As of October 27, 2014

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
1253 - Loan Receivable - AJ-Expenses								0.00
General Journal	1/20/2013	CR		Southwest Airlines-aj		3500 - Draws...	369.80	369.80
General Journal	1/20/2013	CR		Grand Sierra Adventure-aj		3500 - Draws...	79.10	448.90
General Journal	1/20/2013	CR		Grand Sierra Adventure-aj		3500 - Draws...	11.30	460.20
General Journal	1/20/2013	CR		Delta Airlines-aj		3500 - Draws...	300.00	760.20
General Journal	1/20/2013	CR		Grand Sierra		3500 - Draws...	69.25	829.45
General Journal	1/20/2013	CR		Park and Fly		3500 - Draws...	33.83	863.28
General Journal	1/20/2013	CR		StorBox Wine Storage		3500 - Draws...	153.48	1,016.76
General Journal	1/20/2013	CR		StorBox Wine Storage		3500 - Draws...	157.32	1,174.08
General Journal	2/17/2013	am9...		Expedia-Villalobos		6113 - Repairs...	53.91	1,227.99
General Journal	2/17/2013	am9...		ATT-Alfred Villalobos		6113 - Repairs...	800.47	2,028.46
General Journal	2/17/2013	am9...		Southwest Air-Villalobos		6113 - Repairs...	12.00	2,040.46
General Journal	2/17/2013	am9...		Shell Oil- Transportation of Alfred V...		6113 - Repairs...	74.30	2,114.76
General Journal	2/17/2013	am9...		Enterprise Rent a Car- Alfred Villalo...		6113 - Repairs...	741.52	2,856.28
General Journal	2/17/2013	am9...		Southwest Air-Alfred Villalobos		6113 - Repairs...	357.80	3,214.08
Check	3/21/2013	8229	Alfred Villalobos			1010 - Cash - ...	400.00	3,614.08
General Journal	3/27/2013	am9...		Vehicle Listing - Alfred Villalobos		4060 - Client E...	115.00	3,729.08
General Journal	3/27/2013	am9...		Vehicle Listing - Alfred Villalobos		4060 - Client E...	20.00	3,749.08
General Journal	3/27/2013	am9...		Southwest LAX to SFO - Villalobos		4060 - Client E...	212.90	3,961.98
General Journal	3/27/2013	am9...		BART - Villalobos		4060 - Client E...	9.00	3,970.98
General Journal	3/27/2013	am9...		Mel's Drive In - Villalobos		4060 - Client E...	61.50	4,032.48
General Journal	3/27/2013	am9...		Opal Hotel San Francisco		4060 - Client E...	119.96	4,152.44
General Journal	3/27/2013	am9...		Cheesecake Factory		4060 - Client E...	137.08	4,289.53
General Journal	3/27/2013	am9...		LAX Park n Fly		4060 - Client E...	75.08	4,364.61
General Journal	3/27/2013	am9...		Grand Sierra Resort Reno		4060 - Client E...	11.30	4,375.91
General Journal	3/27/2013	am9...		RNO Mountain House Reno		4060 - Client E...	44.73	4,420.64
General Journal	4/15/2013	am7...		Southwest LAX to RENO - Dan Ap...		3500 - Draws...	289.70	4,710.34
General Journal	4/15/2013	am7...		Southwest LAX to RENO - Dennis ...		3500 - Draws...	289.70	5,000.04
General Journal	4/15/2013	am7...		Expedia- Grand Sierra Hotel Reser...		3500 - Draws...	115.62	5,115.66
General Journal	4/15/2013	am7...		Southwest Burbank to Reno		3500 - Draws...	107.90	5,223.56
General Journal	4/15/2013	am7...		Metro Express to LAX		3500 - Draws...	1.55	5,225.11
General Journal	4/26/2013	am9...		Southwest Reno to LAX - Alfred Vill...		6255 - Postage	389.80	5,594.91
General Journal	4/26/2013	am9...		Villalobos AT&T Bill		6255 - Postage	846.40	6,441.31
General Journal	4/26/2013	am9...		Southwest - Reno to LAX - AJ Villal...		6255 - Postage	373.80	6,815.11
General Journal	6/18/2013	CBR		To record expense made from dan ...		3500 - Draws...	710.48	7,525.59
General Journal	6/28/2013	am9...		Gas to pick up Villalobos		6255 - Postage	72.22	7,597.81
General Journal	6/28/2013	am9...		AT&T - Villalobos cell phone		6255 - Postage	435.87	8,033.68
General Journal	6/28/2013	am9...		Southwest - LAX to Reno - AJ Villal...		6255 - Postage	229.80	8,263.48
General Journal	6/28/2013	am9...		Gas to pick Villalobos		6255 - Postage	35.00	8,298.48
General Journal	7/3/2013	am7...		Southwest - Reno to San Diego - A...		3500 - Draws...	478.70	8,777.18
General Journal	7/3/2013	am7...		Southwest - Reno to LAX - AJ Villal...		3500 - Draws...	373.80	9,150.98
General Journal	7/28/2013	Am7...		Asian Garden- Villalobos		6550 - Office S...	28.51	9,179.49
General Journal	7/28/2013	Am7...		Park and Fly- villalobos		6550 - Office S...	25.03	9,204.52
General Journal	7/28/2013	Am7...		Hertz rent a car- villalobos		6550 - Office S...	88.48	9,292.98
General Journal	7/28/2013	Am7...		RNO Timber Ridge-Villalobos		6550 - Office S...	40.13	9,333.11
Check	7/30/2013	1092	David A. Ruiz	Alfred Villalobos		1020 - Cash-Ci...	150.00	9,483.11
Check	8/15/2013	1116	David A. Ruiz	Reimbursemen of expenses re: AJ ...		1020 - Cash-Ci...	91.41	9,574.52
General Journal	8/19/2013	am9...		Credit from Southwest Air		-SPLIT-	-10.90	9,585.42
General Journal	8/19/2013	am9...		Credit from Southwest Air		1253 - Loan R...	-10.90	9,596.32
General Journal	8/19/2013	am9...		Credit from Southwest Air		1253 - Loan R...	-10.90	9,607.22
General Journal	8/19/2013	am9...		AT&T Bill Pay ??		1253 - Loan R...	614.00	10,155.82
General Journal	8/19/2013	am9...		Metro Express Lanes		1253 - Loan R...	1.40	10,157.22
General Journal	8/21/2013	FIA		Sierra Power		6112 - Gas - D...	84.22	10,241.44
General Journal	8/21/2013	FIA		Sierra Power		6112 - Gas - D...	603.50	10,844.94
General Journal	8/21/2013	FIA		Washoe County Dept of Water		6112 - Gas - D...	228.04	11,070.98
General Journal	8/30/2013	Ame...		Southwest - LAX to Reno - Adriana ...		6550 - Office S...	437.80	11,508.78
General Journal	9/6/2013	Ame...		Park N Fly LAX		3505 - Draw - ...	25.03	11,533.81
General Journal	9/27/2013	Ame...		AT&T Bill Payment		6255 - Postage	207.22	11,741.03
Check	10/2/2013	1205	Forest Lawn	Bench Plate - Cecilia Villalobos Flor...	X	1020 - Cash-Ci...	0.00	11,741.03
Check	10/2/2013	1205	Forest Lawn	Bench Plate - Cecilia Villalobos Flor...	X	1020 - Cash-Ci...	0.00	11,741.03
General Journal	10/2/2013	FIA		National Car Rental		-SPLIT-	88.07	11,829.10
Check	10/2/2013	1206	Forest Lawn	Bench Plate - Cecilia Villalobos Flor...		1020 - Cash-Ci...	460.00	12,289.10
Check	10/2/2013	1207	Forest Lawn	Bench Plate - Cecilia Villalobos Flor...		1020 - Cash-Ci...	460.00	12,749.10
Check	10/11/2013	1218	NGL Insurance Gr...	NPL0508008 - Alfred Villalobos		1020 - Cash-Ci...	710.48	13,459.58
General Journal	10/21/2013	FIA		National Guardian Life Insurance (B...		-SPLIT-	2,131.44	15,591.02
General Journal	10/21/2013	FIA		National Car Rental Reno		1253 - Loan R...	37.40	15,628.42
General Journal	10/21/2013	FIA		National Car Rental Reno		1253 - Loan R...	77.38	15,705.80
General Journal	11/7/2013	cbr		Record transfer of drug treatment fo...		2826 - Citibank...	10,000.00	25,705.80
General Journal	11/19/2013	Ame...		Southwest LAX to RENO (DEA)		6550 - Office S...	405.80	26,111.60
General Journal	11/19/2013	Ame...		Park n Fly		6550 - Office S...	25.03	26,136.63
Check	11/27/2013	1297	Life Care Center of...			1020 - Cash-Ci...	1,694.00	27,830.63
General Journal	11/27/2013	FIA		National Car Rental on 10/17		-SPLIT-	25.50	27,856.13
General Journal	12/20/2013	FIA		NV Energy/Sierra Power		-SPLIT-	424.36	28,280.49
General Journal	1/1/2014	gf		To record personal check payment ...		3500 - Draws...	500.00	28,780.49
General Journal	1/7/2014	Ame...		AT&T - Villalobos		4060 - Client E...	91.51	28,872.00
General Journal	1/7/2014	Ame...		A+ Oxygen - Villalobos		4060 - Client E...	220.00	29,092.00
Check	1/22/2014	1386	NGL Insurance Gr...	NPL0508008 - Alfred Villalobos - D...		1020 - Cash-Ci...	710.48	29,802.48
Check	1/27/2014	1401	Alfred Villalobos			1020 - Cash-Ci...	1,500.00	31,302.48

5:06 PM

10/27/14

Accrual Basis

Daniel E. Apodaca, CPA
Transactions by Account
As of October 27, 2014

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
General Journal	1/30/2014	FIA		National Guardian Life Insurance		4060 · Client E...	710.48	32,012.96
Deposit	2/4/2014	4009...	Ticor Title of Neva...	Payment from Ticor Title (Reimbur...		1020 · Cash-Ci...	-420.86	31,592.10
General Journal	2/6/2014	Ame...		Southwest - LAX to Reno (Dan) (12...		6255 · Postage	405.80	31,997.90
General Journal	2/6/2014	Ame...		Park n Fly LAX (12/26)		6255 · Postage	25.03	32,022.93
General Journal	2/6/2014	Ame...		U-Haul (12/26)		6255 · Postage	42.81	32,065.74
General Journal	2/6/2014	Ame...		U-Haul (12/26)		6255 · Postage	68.37	32,134.11
General Journal	2/6/2014	Ame...		UPS Store (Shipment of art pieces)		6255 · Postage	1,513.56	33,647.67
General Journal	2/6/2014	Ame...		The UPS Store Reno		-SPLIT-	444.86	34,092.53
General Journal	2/6/2014	Ame...		TPass Taxi Reno		1253 · Loan R...	30.00	34,122.53
Check	2/13/2014	1434	Bruce C. Funk	For Alfred Villalobos		1020 · Cash-Ci...	7,500.00	41,622.53
General Journal	2/27/2014	Ame...		AT&T - Villalobos		5470 · Staff M...	234.89	41,857.42
Check	3/1/2014	1480	NGL Insurance Gr...	January		1020 · Cash-Ci...	710.48	42,567.90
General Journal	3/19/2014	FIA		American Air LAX to Reno on 3/01/...		-SPLIT-	224.00	42,791.90
General Journal	3/19/2014	FIA		Southwest Reno to LAX on 3/01/14 ...		1253 · Loan R...	187.00	42,978.90
General Journal	3/19/2014	FIA		Cancellation of American Flight to ...		1253 · Loan R...	-224.00	42,754.90
General Journal	3/19/2014	FIA		Cancellation of Southwest Flight Re...		1253 · Loan R...	-187.00	42,567.90
General Journal	3/28/2014	Ame...		Thrifty Car Rental RENO		6255 · Postage	154.03	42,721.93
General Journal	3/28/2014	Ame...		AT&T Bill Payment Villalobos		6255 · Postage	100.43	42,822.36
General Journal	4/4/2014	Ame...		Southwest Lax to Reno (Dan on 3/11)		3500 · Draws...	448.00	43,270.36
General Journal	4/4/2014	Ame...		Park N Fly		3500 · Draws...	25.03	43,295.39
General Journal	4/4/2014	Ame...		BJs Restaurant		3500 · Draws...	42.82	43,338.21
Check	4/28/2014	1560	Alfred Villalobos			1020 · Cash-Ci...	100.00	43,438.21
General Journal	6/3/2014	Ame...		Southwest (Dan to Reno) Trip canc...		6550 · Office S...	378.00	43,816.21
General Journal	6/3/2014	Ame...		Southwest (Dennis M to Reno) Trip ...		6550 · Office S...	378.00	44,194.21
Total 1253 · Loan Receivable - AJ-Expenses							44,194.21	44,194.21
TOTAL							44,194.21	44,194.21

7101 JMG

X ST01

Account Number:

0928

Statement Period:

Nov: 23, 2010

through

Dec. 21, 2010

Page 1 of 5

000078182 1 AT 0.357-106481981074399.8

11-10-80 10:41
 BUREAU OF PRISON
 BANKRUPTCY CASE #10-5884B
 PO BOX 1460
 ZEPHYR COVE NV 89448-1460

 To Contact U.S. Bank

By Phone: 1-800-US BANKS
(1-800-872-2657)

**Telecommunications Device
for the Deaf: 1-800-685-5065**

Internet: usbank.com

At U.S. Bank, we place your privacy and the security of your accounts and personal information as a top priority. As permitted by the Internal Revenue Service, to further protect your personal information, we will provide only the last 4 digits of your personal tax identification number on any IRS Form 1099-INT you may receive for this account in the future.

Member FDIC

U.S. Bank National Association

Account Number [REDACTED] -0928

Account Summary

Beginning Balance on Nov. 23
Deposits / Credits
Card Withdrawals
Other Withdrawals
Checks Paid

\$ 3,461.16
1,303,869.14
814.72-
941,646.22-
114,145.94-

Number of Days in Statement Period

29

Ending Balance on Dec. 21, 2010	\$	250,723.42
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All Rewards shown are as of Dec. 21, 2010

FlorParks Cash Rewards Visa® Check Card

Check Card Number: 8775

FlexPerks

Reward Enrollment Data

Rewards Earned Program to Date

Rewards Redeemed Program to Date

Current Rewards Balance	0.00
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Available to Redeem

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Dec. 2	Wire Credit REF001590 ORG=NEVADA LAW	NEVADA ST LAS VEGA 101202022936 FOUNDATION IOLTA ACCOUNT FOR,ROB	\$ 1,106,816.50
Dec. 3	Wire Credit REF000988 ORG=NEVADA LAW	NEVADA ST LAS VEGA 101203017041 FOUNDATION IOLTA ACCOUNT FOR,ROB	79,021.45
Dec. 7	Wire Credit REF001304 ORG=NEVADA LAW	NEVADA ST LAS VEGA 101207020452 FOUNDATION IOLTA ACCOUNT FOR,ROB	15,488.20
Dec. 15	Wire Credit REF001779 ORG=NEVADA LAW	NEVADA ST LAS VEGA 101215031842 FOUNDATION IOLTA ACCOUNT FOR,ROB	102,742.99

Total Deposits / Credits	\$	1,303,869.14
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Summary of Lawsuit settlement received:

<u>date received</u>	<u>US Bank # 0928</u>	<u>Paid</u>	
12/2/2010	1,106,616.50		
12/3/2010	79,021.45	800,000.00	Cooley LLP
		26,616.22	Jeff Hartman
		80,000.00	Harris Belding
12/7/2010	15,488.20		
12/15/2010	<u>102,742.99</u>		
Total received	1,303,869.14	906,616.22	

Exhibit “O”

Exhibit “O”

VFT, INCORPORATED

Business Entity Information

Status:	Active	File Date:	6/12/2012
Type:	Domestic Corporation	Entity Number:	E0319662012-0
Qualifying State:	NV	List of Officers Due:	6/30/2015
Managed By:		Expiration Date:	
NV Business ID:	NV20121373904	Business License Exp:	6/30/2015

Registered Agent Information

Name:	SOURWINE & SLOANE, LTD.	Address 1:	4950 KIETZKE LN STE 302
Address 2:		City:	RENO
State:	NV	Zip Code:	89509
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Commercial Registered Agent - Corporation		
Jurisdiction:	NEVADA	Status:	Active

Financial Information

No Par Share Count:	200,000.00	Capital Amount:	\$ 0
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No stock records found for this company

Officers

☐ Include Inactive Officers

Treasurer - DANIEL E APODACA

Address 1:	301 E. COLORADO BLVD.	Address 2:	STE 800
City:	PASADENA	State:	CA
Zip Code:	91101	Country:	
Status:	Active	Email:	

President - ALFRED J VILLALOBOS

Address 1:	14035 MOONRISE CT	Address 2:	
City:	RENO	State:	NV
Zip Code:	89511	Country:	
Status:	Active	Email:	

Secretary - ALFRED J VILLALOBOS

Address 1:	14035 MOONRISE CT	Address 2:	
City:	RENO	State:	NV
Zip Code:	89511	Country:	
Status:	Active	Email:	

Director - ALFRED J VILLALOBOS			
Address 1:	14035 MOONRISE CT	Address 2:	
City:	RENO	State:	NV
Zip Code:	89511	Country:	
Status:	Active	Email:	

Actions\Amendments			
Action Type:	Articles of Incorporation		
Document Number:	20120413807-78	# of Pages:	2
File Date:	6/12/2012	Effective Date:	
Initial Stock Value: No Par Value Shares: 200,000 ----- Total Authorized Capital: \$ 0.00			
Action Type:	Initial List		
Document Number:	20120472626-22	# of Pages:	1
File Date:	7/6/2012	Effective Date:	
12-13			
Action Type:	Amended List		
Document Number:	20130156202-22	# of Pages:	1
File Date:	3/6/2013	Effective Date:	
(No notes for this action)			
Action Type:	Resignation of Officers		
Document Number:	20130318333-47	# of Pages:	1
File Date:	5/13/2013	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20130476987-87	# of Pages:	1
File Date:	7/19/2013	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20140722376-44	# of Pages:	1
File Date:	10/20/2014	Effective Date:	
ALO2014-2015 SBL			